

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 3-5-98 |
| FORMALITY REVIEW | | | 4-17-98 |

W

INDEX OF CLAIMS

10-10-98

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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